



COUNTY OF FAIRFAX
 Department of Planning and Zoning
 Zoning Evaluation Division
 12055 Government Center Parkway, Suite 801
 Fairfax, VA 22035 (703) 324-1290, TTY 711
www.fairfaxcounty.gov/dpz/zoning/applications

APPLICATION No: SP 2014 - MV - 017
 (Staff will assign)

RECEIVED
 Department of Planning & Zoning

SEP 19 2013

APPLICATION FOR A SPECIAL PERMIT

Zoning Evaluation Division

(PLEASE TYPE or PRINT IN BLACK INK)

| | | |
|---|---|--|
| APPLICANT | NAME CYNTHIA NKONWA d/b/a Cynthia Home Day Care | |
| | MAILING ADDRESS 8119 COOPER STREET, ALEXANDRIA VIRGINIA 22309 | |
| | PHONE HOME (703) 780 7061 | WORK (703) 780 7061 |
| | PHONE MOBILE (703) 623 1355 | EMAIL ebus4090@gmail.com |
| PROPERTY INFORMATION | PROPERTY ADDRESS 8119 COOPER STREET, ALEXANDRIA VIRGINIA 22309 | |
| | TAX MAP NO. 101-1-02-0598 | SIZE (ACRES/SQ FT) 13,324 SQ FT. |
| | ZONING DISTRICT R-3 | MAGISTERIAL DISTRICT MT. VERNON |
| | PROPOSED ZONING IF CONCURRENT WITH REZONING APPLICATION: N/A | |
| SPECIAL PERMIT REQUEST INFORMATION | ZONING ORDINANCE SECTION 8-305 | |
| | PROPOSED USE CHILD CARE FACILITY | |
| AGENT/CONTACT INFORMATION | NAME | |
| | MAILING ADDRESS | |
| | PHONE HOME () | WORK () |
| | PHONE MOBILE () | EMAIL |
| MAILING | Send all correspondence to (check one): <input checked="" type="checkbox"/> Applicant -or- <input type="checkbox"/> Agent/Contact | |
| <p>The name(s) and addresses of owner(s) of record shall be provided on the affidavit form attached and made part of this application. The undersigned has the power to authorize and does hereby authorize Fairfax County staff representatives on official business to enter the subject property as necessary to process the application.</p> <p>CYNTHIA NKONWA TYPE/PRINT NAME OF APPLICANT/AGENT</p> <p><i>[Signature]</i> SIGNATURE OF APPLICANT/AGENT</p> | | |

DO NOT WRITE IN THIS SPACE

Date Application accepted: March 12, 2014 Application Fee Paid: \$ 435.00

mp
3/12/14

SP 2013-0260